



GUIDELINES AND RECOMENDATIONS

Influenza Antiviral Medications: 2005-06 Chemoprophylaxis (Prevention) and Treatment Guidelines

Please note the January 14, 2006 CDC Health Alert Notice (HAN) in which CDC recommends that neither amantadine nor rimantadine be used for the treatment or prevention (prophylaxis) of influenza A in the United States for the remainder of the 2005-06 influenza season: www.cdc.gov/flu/han011406.htm.

Influenza antiviral medications are an important adjunct to influenza vaccine in the prevention and treatment of influenza. CDC has updated recommendations on the use of antiviral medications for the 2005-06 influenza season. These recommendations are provided, in conjunction with updated recommendations on use of vaccine, to reduce the impact of influenza on persons at high risk for developing severe complications secondary to infection. The recommendations are not intended to guide the use of these medications in other situations, such as outbreaks of avian influenza. These recommendations may be updated during the 2005-06 influenza season.

Background

Influenza antiviral medications have long been used to limit the spread and impact of institutional influenza outbreaks. They also are used for treatment and chemoprophylaxis of persons in other settings. In the United States, four antiviral medications (amantadine, rimantadine, oseltamivir, and zanamivir) are approved for treatment of influenza A viruses, although limited supplies of zanamivir are currently available. Earlier research had shown that all four antiviral medications were similarly effective in reducing the duration by 1 or 2 days of illness caused by influenza A viruses, when used for treatment within the first 2 days of illness. However, recent evidence indicates that a high proportion of currently circulating influenza A viruses in the United States have developed resistance to amantadine and rimantadine. (Please see the January 14, 2006 CDC Health Alert Notice for details: www.cdc.gov/flu/han011406.htm.) Only three antiviral medications (amantadine, rimantadine, and oseltamivir) are approved in the United States for chemoprophylaxis of influenza A viruses. Only oseltamivir and zanamivir are effective against influenza B viruses. **For detailed information about each medication, including dosage and approved persons for use, visit Antiviral Information for Health Care Professionals (<http://www.cdc.gov/flu/professionals/treatment/>).**

2005-06 Antiviral Medications Usage Guidelines

Local availability of antiviral medications may vary from community to community.

1. During the 2005-06 influenza season in the United States, CDC encourages the **use of oseltamivir for chemoprophylaxis** and the **use of oseltamivir or zanamivir for treatment**, as supplies allow, in part to minimize the development of adamantane resistance among circulating influenza viruses. Recent evidence indicates that a high proportion of currently circulating influenza A viruses in the United States have developed resistance to amantadine and rimantadine.
2. **People who are at high risk of serious complications** from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into these high risk groups should be given **priority for use of influenza antiviral medications**:

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Treatment

- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.
- Any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset should be treated with antiviral medications. Pregnant women should consult their primary provider regarding use of influenza antiviral medications.

Antiviral Use in Children: CDC recommends use of oseltamivir (for children aged ≥ 1 year) or zanamivir (for children aged ≥ 7 years) in the United States during the 2005-06 influenza season.

Chemoprophylaxis

- All persons who live or work in **institutions** caring for people at high risk of serious complications from influenza infection should be given antiviral medications in the event of an institutional outbreak. This includes nursing homes, hospitals, and other facilities caring for persons with immunosuppressive conditions, such as HIV/AIDS. When vaccine is available, vaccinated staff requires chemoprophylaxis only for the 2-week period following vaccination. Vaccinated and unvaccinated residents should receive chemoprophylaxis for the duration of institutional outbreak activity. Rapid tests or other influenza tests should be used to confirm influenza as the cause of outbreaks as soon as possible. However, treatment and chemoprophylaxis should be initiated if influenza is strongly suspected and test results are not yet available. Other outbreak control efforts such as cohorting infected persons, and the practice of respiratory hygiene and other measures also should be implemented. For further information on detection and control of influenza outbreaks in acute care facilities, see Detection and Control of Influenza Outbreaks in Acute Care Facilities (www.cdc.gov/ncidod/dhqp/id_influenza_acute.html).
- Persons at high risk of serious influenza complications should be given antiviral medications if they are likely to be exposed to others infected with influenza. For example, when a high-risk person is part of a family or household in which someone else has been diagnosed with influenza, the exposed high-risk person should be given chemoprophylaxis for 7 days.
- Antiviral medications can be **considered** in other situations when the supply of such medications is locally adequate.
 - **Chemoprophylaxis** of persons in communities where influenza viruses are circulating, which typically lasts for 6-8 weeks:
 - Persons at high risk of serious complications who are not able to receive vaccine.
 - Persons at high risk of serious complications who have been vaccinated but have not had time to mount an immune response to the vaccine. In adults, chemoprophylaxis should occur for a period of 2 weeks after vaccination. In children aged < 9 years, chemoprophylaxis should occur for 6 weeks after the first dose, or 2 weeks after the second dose, depending on whether the child is scheduled to receive one or two doses of vaccine.
 - Persons with immunosuppressive conditions who are not expected to mount an adequate antibody response to influenza vaccine.
 - Health-care workers who have direct patient care responsibilities and who are not able to obtain vaccine.
 - **Treatment** of infected adults and children aged ≥ 1 year who do not have conditions placing them at high risk for serious complications secondary to influenza infection.
- Where the supplies of both influenza vaccine and influenza antiviral medications may not be sufficient to meet demand, CDC does not recommend the use of influenza antiviral medications for chemoprophylaxis of non-high risk persons in the community.

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Private Sector Sources of Influenza Antiviral Medications

Pharmaceutical distributors should be contacted directly for availability and procurement of antiviral medications.

Strategic National Stockpile

The United States has a limited supply of influenza antiviral medications in the Strategic National Stockpile (SNS) for emergency situations. The Department of Health and Human Services (HHS) has worked with other federal agencies and with pharmaceutical manufacturers to increase this supply since the 2004-05 season and will continue to procure additional supplies of antiviral medications. Some of this supply will be held in reserve in the event of an influenza pandemic. However, some of the supply could be made available to states and territories for use in outbreaks, such as those that might occur in a hospital or long-term care facility.

Requesting Influenza Antiviral Medications from the SNS

Influenza antiviral medications in the SNS can be requested **only by state or territory health departments**. Institutions (hospitals or long-term care facilities) experiencing an urgent need for such medications should convey their request to their state or territory health department.

1. The state or territory health department should phone the CDC 24/7 emergency number to request antiviral medications (770) 488-7100.
2. The state or territory health department should indicate that there is an urgent priority use situation (as defined previously) that can be addressed by use of antiviral medications, and should indicate that all reasonable efforts have been made to procure influenza antiviral medications from private distributors.

For more information, visit www.cdc.gov/flu,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).